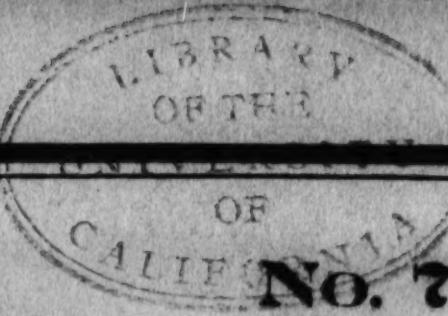


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VOL. XXXVIII

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
**THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
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ISSUED MONTHLY

JULY, 1917

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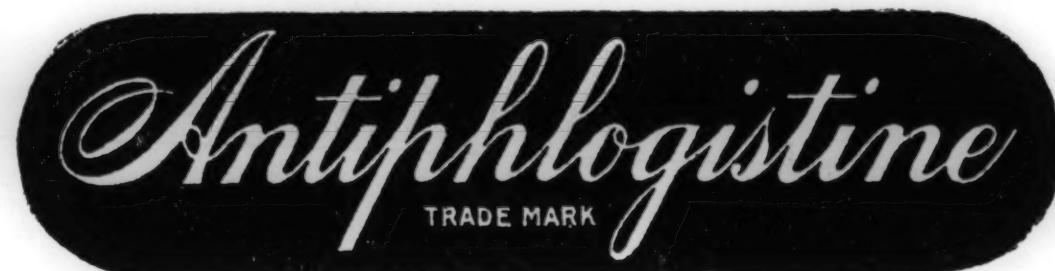
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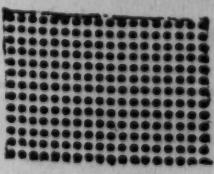
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The California Eclectic Medical Journal

Vol. XXXVIII

JULY, 1917

No. 8

Original Contributions

HYSTERIA

Dr. Oran Newton, Long Beach, California.

Read before the California Eclectic Medical Society.

It is almost impossible to give an accurate definition of hysteria, because so many symptoms are included under it. It is, however, an altered mental condition resulting from inhibition of mental processes in which the normal relation of thoughts and ideas, and of the bodily functions that ordinarily occur in daily life, are distorted and interfered with.

It is a distinct disturbance of the general nervous system and a grave one, and should not be spoken of and considered lightly—a habit which is only too prevalent not only among the laity but among medical men as well. The reason for this is because its principal symptom is suggestibility, and that many of the symptoms can be alleviated by persuasion.

Predisposing and Exciting Factors

Especially is it true in hysteria that a neuropathic tendency dependent upon heredity is an important predisposing factor. A very large per cent of all cases of hysteria occur in families of neurotic tendencies, such as epilepsy, insanity, chorea, migraine, neuralgias and allied conditions. In the majority of cases there is a history of nervousness in early life, and of such diseases as chorea, tic, or of a more or less unstable physical and mental childhood.

Again, in others there is no appreciable cause. Sudden fright is perhaps the most frequent exciting cause, and this is especially true of the victims of railroad and other accidents, in which it is not so much the physical injury as the mental impression that is the important factor.

Sex

It is much more common in women than in men, about nine hundred and fifty cases out of every thousand occurring in females, although serious cases have been seen in the male.

Age

Hysteria usually develops between the ages of puberty and twenty-five, few cases occurring after the age of forty.

Sexual derangements are found to underlie many cases. Irregular menstruations, uterine displacements, ovarian irritation, ulceration of the cervix, adherent clitoris, and not infrequently masturbation are all exciting factors.

Symptoms

It is difficult to describe the symptoms of hysteria, because they vary greatly, for one case hardly ever has the identical symptoms of another. It is frequently said that it is possible to get any kind of symptoms in hysteria. Hysterical patients generally describe themselves as nervous, are highly impressionable, emotional, irritable, sometimes irrational, and are given to extremes of passion. It is also noticeable that the character of the symptoms is largely dependent upon the exciting cause. For instance, in a person who has been injured in the back, the symptoms will be predominantly present in that area, while in fright in which one sees another hurt in the knee, there may develop hysterical contractions in that part.

Physical and Visceral Symptoms

There is, as a rule, lessening of the bodily activities, but sometimes the patient may apparently be in perfect physical health and still have the gravest form of hysteria. The quantity of the urine may be increased or diminished and there may be frequent urination. Loss of appetite and indigestion are very common, and constipation is a constant fault. Not infrequently there may be involuntary evacuation of the bowel, with Borborygmi and sometimes the so-called phantom tumors of the abdomen, resulting from localized gaseous swelling of the intestines. Flatulence and gaseous eructations are complained of, and sometimes excessive vomiting, with or without nausea, may occur. The heart's action, as a rule, is not disturbed, but palpitation is not uncommon, and is usually associated with pain over the pericardial areas, amounting to a pseudo Angina Pectoris.

There may be all sorts of alterations in the respiration, consisting in repeated sighing, sobbing, sneezing, laughing or

crying. Aphonia is frequent, and may come on suddenly. Vasomotor and trophic disturbances may occur, and consist in flushing of the skin and excessive or perverted perspiration.

Sensory Symptoms

Headache is common, especially in the back or top of head, described as a boring, aching pain, or as if a nail were driven into the skull. Pain or pressure is almost constant over both ovarian or inframammary regions in women and the inguinal areas in men. Because of the frequency of these hypersensitive areas, they are commonly known as the sensory Stigmata of Hysteria.

In fact, there is hardly a place in the body where pain may not be present. The eye, ear, nose; and they are especially common in the throat, where they are described as band-like or as a ball—so-called "Globus Hystericus." Numbness, tingling or dead-like sensations are often complained of in the limbs, body, rectal and genital organs. These sensations vary from day to day or in successive examinations, either because of suggestion or other cause. Hemianesthesia occurs in characteristic form. It is limited entirely to one-half the body, and the moment parts past the median line are approached, recognition is prompt. It nearly always involves all forms of sensation, that is, touch, pain, temperature and electric stimulation, and is sometimes associated with loss of half vision on the same side. It is to be differentiated from organic hemianesthesia by the fact that the latter is never limited by the median line, but nearly always projects over; that it is rarely complete for touch, pain or temperature.

Tremors are common, and vary from a fluttering of the eyelids and twitching movements of the muscles of the face to violent movements of the limbs. Hysterical paralysis is quite common and varies greatly. Hysterical hemiplegia and paraplegia can be distinguished from organic lesions by the suddenness of the onset, that there is complete flaccidity or exaggerated tonicity in the paralyzed limbs, and absence of the typical hemiplegic gait, the leg being dragged instead of swinging around, as in organic hemiplegia. Most important of all, Babinski's Reflex cannot be demonstrated.

Convulsions may appear in any hysterical patient. The attacks usually have certain recognized stages. They may come on at any time, either suddenly, or there may be the so-called prodromal period, lasting for a day or longer, in

which the patient becomes irritable, depressed, emotional, and sometimes maniacal. This is succeeded by the epileptoid stage, which hardly ever lasts more than a few minutes. The movements are characteristic, the patient usually throwing the limbs in a wild, irregular manner. This is succeeded by the third or emotional stage, in which the patient assumes different attitudes and expresses her hallucinations in wild exhilarations, joy, anger or passion. This may last for several hours or longer, after which the patient generally quiets down and passes into a deep sleep, or may have delirium or various hallucinations. These attacks are to be differentiated from epilepsy by the fact that there is no epileptic cry. There is hardly ever frothing at the mouth or voiding of urine, and while there may be clouding of consciousness, there is never absolute loss of memory.

Summary of Diagnosis

A peculiar mental and physical condition, characterized by suggestibility of symptoms which may be of any character. The patient is usually a young adult who is emotional, irritable, and one who constantly complains and thinks of herself, and perverts everything which may occur as having something to do with her own condition. There may be headache, backache, pains in various portions of the limbs, numbness or pin-and-needle-like sensations, hemianesthesia or anesthesia anywhere, points of tenderness in the back, ovarian and mammary region, increase of reflexes, paralyses of various sorts, with disturbances of vision, smell and taste. The most important point of all is the suggestibility of all the symptoms, their variance from day to day, and the fact that any or all may be removed by persuasion.

Clinical Course and Prognosis

The course of the disease depends upon its intensity. In most cases the symptoms can be alleviated to a large degree, but in a well-marked case, after the symptoms have been well established, it is rather difficult to effect a permanent cure. Sometimes the symptoms progress to such an extent that the patient becomes bedridden.

Treatment

The exciting cause must be determined and removed before much benefit can be expressed. A thorough examination should be made of the rectum, where pockets, fissures, ulcers or redundant and prolapsed tissue may be found responsible

for the lesion. The uterus, vagina, perineum, ovaries and urethra should be carefully inspected for the cause of the trouble, and if found here should be corrected, which often gives instant and permanent relief. Suggestion will prove beneficial in nearly all cases. A change of environment, congenial company, travel or anything that will get the patient's mind away from self will prove beneficial.

In the way of medication, the remedies most frequently indicated are: Pulsatilla, Passiflora, Gelsemium, Viburnum, and especially will Gossypium prove a sovereign remedy where wrongs of the genito-urinary organs prove to be the exciting factor. It is best given in full doses in hot water, repeated hourly.

THE PRACTICE OF MEDICINE

H. C. Smith, M. D.

Read before the California Eclectic Medical Society.

Dr. Baird called me by telephone and asked me to write a paper on the above subject, without giving any plans or specifications. As it is a large, expansive subject, I have done what little I could in the limited time at my command.

Many and various views of the practice and practitioners of medicine have been expressed. Dr. Wm. H. Draper, in an extemporaneous address to the New York Chamber of Commerce many years ago, spoke on the subject, "Our Medical Advisers; They Lead Us to a Brighter World, and Show the Way." In 1786, Dr. John Moore, an English physician, said: "The difference between a good physician and a bad one is certainly very great; but the difference between a good physician and no physician at all, in many cases, is very little." A man asked the young son of a friend who was ill, "Is your father in any immediate danger?" The reply was, "Indeed he is; the doctor is with him now." As the hunting season rolls around each year, something similar to the following appears in the so-called Wit and Humor columns: "Dr. Blank went hunting last week and did not kill a thing." "Is that so? Well, he should have stayed at home and attended to business." Someone has epitomized both the ministerial and medical professions in the following:

"The parson points the way to Heaven;
And then, with tender care,
The doctor consummates the act
And sends the patient there."

So, we see that whatever ideas, or lack of them, the para-graphers may entertain as to the practice and the practitioners of medicine, they seem to have quite definite ideas—and these corresponding most marvelously—as to the final results of said practice.

It seems to me that in real life the practice of medicine is a compound, combination, mixture, or conglomeration, depending upon the viewpoint, of joy and gloom, pleasure and pain, humor and pathos, sunshine and shadow. The joyful moments come, largely, when our pleased and grateful patients come trooping in, crowding each other in their efforts to force checks into our reluctant hands and request us to "please receipt this." But the gloom settles upon us in deep and impervious layers when they forget all about their accounts; unlike our creditors, the gas-man, light-man, grocery-man, drug-man, butcher-man, etc., etc., who present themselves in mournful array, with long and solemn visages, just when we have arranged our physiognomies and attuned our spirits for the proper and cheerful reception of patients.

We are pleased, of course, if our patients make prompt and rapid recovery from their illnesses; and our pleasure is very intense, indeed, if one of them, in the exuberance of his gratitude, gives us a Jess Willard whack on the back and says, "Say, Doc, that last dope was just the stuff; I feel like a new man," and we believe every word that he says, as he impresses it upon us and pounds it in. Our pleasure is greatly enhanced as new patients promptly take the place of those recovered, and hasten to send out an S. O. S. in our particular direction. But our pleasure is genuine, and not in the least simulated, when some patient, especially a child, who has been "down into the shadow," passes the critical period of the disease and, with an "about face," returns to health and happiness. The painful sensations are numerous and diverse, varying from those in which all our sympathies go out to the parent standing at the bedside of an idolized child, or to someone at the bedside of a parent, watching the final effort of Nature to maintain the thread of life; anxiously searching our faces for some slender ray of hope, and asking if nothing more can be done; or to the newly made parent of a daughter, instead of the son so eagerly hoped for and expected, who is inclined to blame the doctor and be openly resentful; or, to the hysterical lady of multitudinous ailments and woes who, after routing one from a nice warm bed, greets him with a sad and reproach-

ful countenance and this information: "Doc, I'm gettin' worse every minute; I know I'll die if I take any more of your poison drugs, and I've sent for a chiropractic, and I'm feelin' better already."

The humorous side of medical practice comes largely from the ignorance of the laity, or the doctor, or both. Just now, when the matter of conscription looms large in the public eye, the following is going the rounds: "A little girl rushed into a physician's office and said: "Doctor, please come and see our Horace. The conscription you gave him didn't do no good, and he had compulsions in the night."

A pregnant woman, who placed herself under the care of a physician, persisted in suspecting her husband of infidelity. The doctor finally inquired as to her grounds for suspicion. Her reply was: "Doctor, I'm sure he's not the father of this child."

A fellow practitioner in a town where I once practiced tells the following story on one of our competitors in a neighboring town whom he heartily disliked. They were in consultation upon a case one time and decided that the patient needed strychnine in 1/60 grain doses. Neither of them had that size of tablet with him, but our competitor solved the problem in these words: "Well, we can give him two 1/30 grain tablets; that will do just as well."

Probably the most genuinely pathetic occurrence in our practice is when we are consulted by the girl who has, to quote a time-worn and bewhiskered phrase, "loved, not wisely, but too well." Ignorance is also responsible for many of these cases. In many of them our sympathy for the poor victim is more than counterbalanced by our disgust at the attitude of the ignorant, or, more often, careless, parents and their cheap, snivelling self-sympathy. These unfortunate cases are little less pathetic, if any, however, than the more brazen married woman who, although in many instances a great church and temperance worker, comes to us asking us to perform an abortion for her, and, entreaties failing, cajoles, threatens and, finally, insults us; or, as several women have flippantly remarked to me, inform us that we might just as well do it, for if we do not she knows one who will. The sad part of it is, it is true. The doctor referred to in two cases has been arrested twice in the last year, charged with the death of her victims, but was released each time "for lack of evidence." She openly boasts that she "has something on" so many of the attorneys and judges that she does

not fear conviction. Another pathetic feature of this matter is the attitude of the laity. At the time of this doctor's first trial one of the newspapers stated, "This is considered a serious crime by physicians."

The sunshine permeates and illuminates our professional lives, especially upon occasions of this kind, when we can drive mile after mile on well-paved roads, over hills and through valleys, between orchards and fields of waving grain, along streams and through woods; drinking in the beauties of our California landscape; breathing the pure, fresh air and revelling in the sun's languorous warmth, until we reach this acme of California's glorious climate surrounding and enfolding Santa Barbara. Furthermore, our sunshine is not bedimmed in any way by this opportunity to meet and grasp the hands of our fellow practitioners in true fraternal greetings; to exchange ideas with them, and hear them express their aims and ambitions, their hopes and their fears.

Deep shadows already hover over the horizon as we think of the impending early return of our labors, and the extra work necessary to compensate for our absence. Deeper shadows are likely to fall upon those of the southern delegation, who came in their machines, if the Carpinteria "speed cop" happens to cast his eagle eye over the landscape and notices that said machines are cleaving the atmosphere at thirty miles per, when all well-regulated speedometers should be registering but twenty-six. Ask Dr. Scudder—he knows.

PAROTITIS; ITS HIGH-FREQUENCY TREATMENT

Dr. A. S. Tuchler, San Francisco, California.

Read before the California Eclectic Medical Society.

This juvenile disease is apt to claim for its victims an occasional adult, and it is characteristic of all those diseases which are common to the young. However, when the mumps favor those of adult life, it is rather a more serious affair than when children are afflicted.

The parotid glands, which are found beneath the lobes of each ear, are the seat of this acute and infectious inflammatory disease. It usually begins in one gland, then the other follows suit.

It was this swelling on one side of the neck that caused a gentleman of twenty-eight years of age to seek relief, as he thought, from a swollen gland.

Knowing that the high-frequency current will bring about absorption of enlarged glands of the neck, it occurred to me to see what this treatment would do for his ailment, having recognized this apparent enlarged gland as the incipient stage of the mumps or parotitis.

The large surface-condensing electrode was attached to the high-frequency cabinet and applied to the inflamed gland for ten minutes twice daily.

It only required four days of such treatment to completely cause it to assume its normal shape again, when the other side commenced to enlarge and become painful. The application of the electrode was applied as on the other side, and with the same result. Then the testicles became enlarged, painful and swollen, and it required seven days to restore them to their normal condition by the application of the same condensing electrode.

Usually, this disease in the adult and with its complications, requires from two to three weeks of enforced retirement, with the usual method of treatment, while this gentleman lost but very little time from his business.

This experience led me to apply the same treatment to children. It was remarkable how quickly the pain and swelling subsided. In fact, the children who were treated thus attended school every day while under treatment without causing any infection to others.

During a period of three years, in which numerous cases of mumps have been treated by the high-frequency electricity as above outlined, both in adults and children, the course of the disease had been invariably shortened and in fact aborted when treated in its incipiency.

The following observations, during a period of three years with the high-frequency electrical current in the treatment of mumps, are, that it can be aborted both in children and adults if treated in its incipiency, and that it is a powerful germ destroyer.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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THE RECRUDESCENCE OF THE TONGUE

The significance of the tongue in alimentary diseases has been discovered. To those of us who, in our college days, were thoroughly grounded in the symptomatology of the tongue, this statement is startling. By and by some one will discover that the tongue indicates other diseases as well as those of the alimentary tract. May we not hope that, eventually, we shall progress so far in the circle as to reach the starting point. Possibly a "century run" will prove to be an appropriate name for this cycle. Of course, this wonderful discovery was made in Europe. As proof of the originality of the idea the would-be pathfinder quotes the eminent German, Boas, as "dismissing the diagnostic significance of the tongue as of extremely subordinate import." The author of the article undertakes to show that the above statement should be modified because atrophy of the gastric mucosa is accompanied by atrophy of the tongue. Moreover he suspects that other diseases may be indicated by an equally pronounced appearance of the tongue. The article is by A. Faber and appears in Ugeskift for Laeger.

THE TREATMENT OF CHRONIC INDIGESTIONS

E. J. Walsh, M. D., Milwaukee, Wisconsin

The successful treatment of chronic indigestions, of course, depends much on a careful and definite diagnosis.

It was not so many years ago that it was the fashion to make one prescription cover most forms of indigestion. The formula frequently contained a half dozen remedies more or less incompatible. The result of such haphazard methods was failure only too often.

When it was first found possible to extract the stomach contents and test the quantity and composition of the gastric juice, etc., it was considered that the key to the diagnosis and treatment of different disorders of digestion was at last obtained.

Later experience proved this to be disappointing. To achieve success we must go further. We must take into consideration the muscular weaknesses, the nerves, blood circulation, etc., of the digestive organs. With these points in view, the great possibilities of electrical treatment, when properly applied in these conditions, can be readily understood.

Among other points in this article I wish to call special attention to the success of electricity and especially sinusoidal electricity in the treatment of chronic indigestions of a functional character.

Herschell of England says: "There can be no doubt that the use of modern electrical methods has inaugurated a new era in the treatment of atony of the stomach. I use the term modern methods advisedly, as, until the introduction of sinusoidal currents and the use of the intro-gastric electrode, the application of electricity for the cure of this affection was generally not merely disappointing, but practically a failure."

He further states "that the good results obtained by electricity depends on three things: the selection of the proper kind of electricity, a proper technique on the part of the operator, and a willingness on the part of the patient to undergo treatment for the requisite length of time."

In other forms of indigestion as well as atony of the stomach, electricity has proven a wonderful aid to treatment. I do not mean to say that medical treatment and other measures have not proven curative in indigestions, but in the severer forms the addition of electricity, especially the sinu-

soidal current, makes the treatments much more successful and certain.

With other methods of examination, much more attention ought to be paid to auscultatory percussion. By percussion over the stomach and intestines the reflex of contraction can be induced. By irritating or rubbing the skin over these parts we can induce the reflex dilatation. From these reflexes much valuable information may be elicited.

Local or reflex nerve irritations, often evidenced by sensitive spots and muscular spasms along the spine, may interfere with the digestive process. This point should be carefully looked into in stubborn cases. For the relief of these sensitive spots we may use freezing locally over the sensitive area, or pressure, fixation or electricity.

Many different remedies may give relief in indigestions, but there are only a few that have much curative power. The remedies used in any case should be as few as possible.

Gastric Myasthenia

Myasthenia or atony of the stomach is a muscular weakness of the walls of the stomach. It is a very common form of indigestion and one that is often overlooked.

In the more severe forms the stomach does not empty itself in six hours' time. In the extreme cases the stomach does not empty itself in the long interval between dinner in the evening and breakfast, and food residues are found in the stomach in the morning.

My favorite remedy in most cases of atony is nux vomica. Sometimes I use it alone. Often, however, I combine with it quinine or ergot and podophyllum.

When there is much irritation with pain, nervous tension, tendency to muscular spasms, hyperacidity, then bismuth, collinsonia and glycocholate of soda are preferable at first. If nux vomica is given when there is much irritation, etc., the dose should be small.

For fermentation and flatulence give sulphite of soda, carbolic acid or lycopodium. For yeast fermentation, salicylic acid in small doses or sulphite of soda are indicated. For oxalic acid fermentations give lime water.

For pain, bismuth, dioscorea, alkalies, cannabis indica, atropine and biniodide of mercury give good results. For air that has been swallowed, salicylic of bismuth or aromatic spirits of ammonia may be useful.

Great accumulations of gas, with muscular spasms confining the gas to certain areas, may occur in chronic indi-

gestions and cause many nervous, distressing and alarming symptoms. When gas accumulates in the stomach and spasmodic closing of the pylorus and cardia occur simultaneously, the condition may be dangerous to a weak heart. When the heart is easily affected in indigestions, the heart itself is generally weakened. Indeed, this may be the first sign of a latent myocarditis.

If there is hyperacidity, prescribe alkalies, bicarbonate of sodium or potassium, calcium carbonate or lime water. Magnesium compounds give relief, but the after effects may be harmful. The general rule for alkalies is sufficient doses, but for a limited time only.

However, in the severe forms of atony the great reliance should be placed on sinusoidal electricity. In some cases applied every day, in others two or three times a week, or every day for three or four days, then discontinue for a few days. One method is to place one electrode over the space of Traube and the other over the lumbar vertebræ.

In special cases the intra-gastric electrode brings happy results. The best method to be used must be determined in each individual case.

In an article like this it is only possible to call attention to the sinusoidal current in a general way. The proper use of this current needs special study, but it is a study that will amply repay any physician.

Diet

I have not space to discuss diet in details. Bad habits of eating, over-eating, poorly cooked foods, improper or tainted foods, unwise combinations of foods are great causes of indigestion. Of course, there are many other contributing causes. When the indigestion has developed to any great extent, dieting alone seldom cures. Nevertheless, the question of regulation of the diet is a very important one. The diet should be governed much according to the individual case.

I believe in preserving the rule of three moderate meals in a day in most forms of chronic indigestion. A light diet or fast for a day or two in the beginning, and occasionally later on, is often of service. I do not advocate a very restricted diet, but this does not mean liberty or license. By bad habits of eating, a patient can nullify much of the good of the treatment.

Those articles of food that are known to especially disagree should be avoided or reduced in amount. In a general way in most indigestions I am opposed to meat soups, gra-

vies, catsups, relishes, sauces, sloppy breakfast foods, ice water or very cold drinks of any kind, excesses in coffee, tea, tobacco and alcohol; also such combinations as grapefruit with cereals, lemonade with cake, citric acid fruits with tomatoes or rhubarb, heavy meat meals with strong tea, or eggs with tea.

When the blood pressure is high the diet must especially be considered. The foods that disagree with a patient, of course, depend much on whether there is hyperacidity or hypoacidity. Constipation usually exists with hyperacidity and diarrhea with hypoacidity, although severe diarrheas do sometimes occur with hyperacidity. Those who suffer from diarrhea should avoid, among other things, smoked meats, underdone meats and meats with much connective tissue.

There seems to be a relationship between hyperacidity and gallstones, also between hypo-acidity and deficiency of the pancreatic juice. Pawlaw has discovered the close relationship between the hydrochloric acid of the gastric juice and the secretion of the pancreas. A. Schmidt of Dresden says as a good rule "that the increased production of acid delays the passage of ingesta into the duodenum, and diminution or absence of acid hastens such passage." When hyperacidity is complicated with motor insufficiency, we have a serious condition, indeed.

Patients with atony of the stomach are usually distressed by much water drinking. So the practice of drinking three or four glasses of hot water before breakfast, or large quantities of mineral water at one time, should be deplored.

The meals should be eaten dry or nearly so; the liquids consumed chiefly at the end of the meal. The food should be thoroughly masticated, but this must not be carried to excess.

In atony of the stomach the meals should be further apart to give the stomach more time to empty itself. In the severer forms, however, it may be better to give small meals closer together. In these cases it is far better to rest a half hour before meals than after. Reclining on the right side is the most favorable position.

The infections from pyorrhea or diseased tonsils may be contributing causes in chronic indigestions, but they are apt to be over-estimated as primary causes.

For pyorrhea, alcresta ipecac and antiseptic mouth washes are to be recommended. One of the best remedies for pyorrhea is the high-frequency current applied daily to the gums.

In all indigestions the teeth should be put in as good condition as possible.

Gastrophtosis

With other indicated treatment a supporting bandage should be worn. This should be applied with care to produce the best results. The sinusoidal current can be used every day in aggravated cases. For the pain or tenderness under the ensiform cartilage in cases of dilatation, galvanism can be used.

There seems to be a relationship between gastrophtosis, a movable tenth rib, and neurasthenia. An examination of children, especially nervous children, to detect this movable tenth rib in early life might prevent much future trouble. Many chronic complaints have their origin in childhood. They are often overlooked or neglected, thus the whole future of the child may be imperiled or handicapped.

Chronic Gastritis

In chronic catarrh of the stomach there is an excess of mucus and generally a decrease of hydrochloric acid and pepsin. Later on there may be interstitial proliferation of cells in the mucosa. Then the condition assumes more of an organic nature.

Treatment

Elimination is of great importance. Alkaline salines with papain can be used an hour before breakfast, especially in the beginning. Lavage is to be thought of only in exceptional cases, as the psychic effect of lavage is often detrimental.

Hydrastis seems to be the most dependable remedy in these cases. Ellingwood lauds it very highly, and my own experience agrees with his. When the irritation is great the dose should be small at first. I generally prescribe chionanthus with it. Gentian and other bitter tonics will often aid, especially in achylia gastritis, but this is not always the case. Hydrastis seems to be beneficial even when gentian and other bitter tonics are not. Papain is sometimes of advantage. For excess of mucus I prefer magnifera or geranium, when I do not employ bismuth. Atropine may also be useful for this purpose if there is constipation, and but little or no deficiency of hydrochloric acid.

For flatulence and fermentation I prefer lycopodium. Hydrochloric acid after meals may give good results, especially if there is a deficiency of pancreatic juice. Nuclein is a rem-

edy of some merit and may stimulate the flow of secretin. When the breath has a foul odor, echinacea is valuable. In alcoholic cases capsicum is helpful, but it should not be given for long periods or when there is much irritation. In long standing cases iris is frequently beneficial.

For nausea and vomiting, bismuth with cerium oxalate, calomel and soda in small doses often repeated, rhus tox, pressure to the right of the fifth dorsal vertebræ, or ice to the back of the neck, are all of service.

The faradic current can be used in cases of catarrh of the stomach with high frequency for general effects. In stubborn cases the lungs should be carefully examined for incipient tuberculosis. All articles of food which may irritate the stomach should be avoided as much as possible. The amount of proteins should be reduced at first.

Hyperchlorhydria

In this condition there is an excess of hydrochloric acid during the digestive process.

Alkalies and bismuth are usually the best remedies, preferably given at the height of digestion, or when distress begins. Collinsonia, ipecac, ichthyol in capsules, and glycocholate of soda frequently aid. Petrolatum oil a half hour before meals has given remarkable results in some cases. Bromide of soda in the early stages has a good effect. For nervousness, pulsatilla and calcium compounds are also indicated. Lime water and sulphite of soda can be given as needed. For pain give alkalies, dioscorea, cannabis indica, etc.

The popular fad of advising bran muffins or bran foods in all cases of constipation is a serious mistake.

Plenty of rest and encouragement of those habits which tend to buildup the nervous system are advisable. The food should be broken into small pieces and thoroughly masticated.

Tomatoes, cabbages, radishes and acid fruits should especially be avoided. A little extra water drinking at meal time is beneficial in these cases.

In hyperchlorhydria the sinusoidal current is especially potent. The intra-gastric method should be used when needed.

Constipation

In nearly all forms of chronic indigestions I advise vigorous elimination for the first few days, after that proper elimination should be looked after. Alkaline salines, castor oil, petrolatum oil, podophyllin, calomel, etc., may be used.

Measures should be taken to support the patient's strength the first few days if necessary.

Constipation and auto-intoxication seem to be contributing causes of many chronic complaints. One author says: "Could we name all the diseases that result from constipation we could cover a large percentage of ills to which the flesh is heir." Many people who complain of their heart, lungs, kidneys, nerves, catarrhal troubles, skin diseases, rheumatic pains, headaches, backaches, etc., often get great relief from their symptoms, when an accompanying acid intoxication and constipation are successfully treated.

There are many people also who have a daily movement of the bowels who nevertheless suffer from auto-intoxication and partial constipation because the elimination is not free enough.

For constipation the sinusoidal current can be applied, one electrode over the lumbar vertebræ and the other one over the lower sacral.

The galvanic current can be used with the positive pole stable over the region of the liver or sigmoid flexure, and the negative pole labile over the rest of the abdomen. The results of these treatments for constipation have been so successful that I recommend them to the earnest consideration of all. The electro-static current also gives good results. In the spastic form the currents should be mild. Petrolatum oil is valuable.

Nervous Dyspepsia

The term nervous dyspepsia is very much abused and often seems to be very misleading. It has proven too convenient a diagnosis to hide behind. Too often it carries with it the idea that the condition is entirely psychic or imaginary.

Because a patient seems to be very nervous and emotional, it does not pay to jump to a hasty conclusion that the patient's indigestion is purely nervous, of the psychic or imaginary type, and that "will power" is needed for a cure.

Thousands of people who are in need of earnest scientific treatment are allowed to suffer because their so-called nervous dyspepsia or neurasthenias are supposed to be chiefly imaginary. The imagination may aggravate the condition, but it pays in these cases to search well for material causes, such as primary digestive errors, local nerve irritations, etc.

As medical science advances and more rigid diagnoses are in vogue, we find less imaginary diseases and more real ones. Reed says, "Nervous dyspepsia may ultimately cease to be

classed as a distinct type of disease when our methods of diagnosis shall have become more perfect."

It is well to remember that nervous symptoms may arise in any form of indigestion. Many of the cases diagnosed as nervous dyspepsias and neurasthenia are due chiefly to a primary digestive trouble, and the relief of the nervous symptoms lies in a definite and careful diagnosis of the digestive error.

When the nervous symptoms predominate with no special digestive abnormality, or the disorders of secretion change every day or so, we have more truly a nervous indigestion. A vasomotor insufficiency with much disturbance of abdominal circulation is probably present in most of these cases.

With other indicated treatment calcium compounds and phosphorus can be given and the Morton wave applied to the spine.

Psycho-therapeutics often produces good results in indigestions. However, this is no proof that the condition was entirely psychic or imaginary. Suggestive therapeutics will seemingly relieve symptoms of many conditions, the original cause of which was not at all psychic or imaginary.

I am an ardent believer in suggestive therapeutics and advocate it in all forms of indigestion. It is generally a mistake, I consider, to use it alone. I personally witnessed some of the results obtained by Dr. Dubois at Berne, Switzerland, with his methods of psycho-therapeutics. While I give him great credit for his success, I am still of the opinion that suggestion usually succeeds best when used in combination with other treatment.

While the mind influences the body, the body in turn influences the mind. Suggestive therapeutics is not much a question of will-power. The secret of success lies in careful psycho-analysis and persistent repetition of the proper health suggestions.—Ellingwood's Therapeutist.

ECLECTIC MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

The forty-fifth annual meeting of the Eclectic Medical Society of the State of California convened in the White Parlor of the Hotel Potter, Santa Barbara, California, on May 24th, 1917, at 2 p. m., with a very good attendance especially of the old war horses.

Roll call of the officers showed several officers absent. President H. Ford Scudder and 1st Vice-President were both

absent. Dr. J. A. Munk acted as president and called the meeting to order. The minutes of the previous meeting were read and corrected and then approved.

The following committees were appointed:

Auditing—Drs. R. O. Hoffman, J. C. Reinsmidt and Augusta Stone.

Revision—Drs. J. C. Bainbridge, H. T. Cox, H. C. Smith.

Censors—Drs. H. V. Brown, G. W. Harvey, Laura Rauch.

It was then moved and seconded and carried to revise the constitution.

The secretary gave an interesting report showing the amount of money received and paid out and also gave the total membership at the end of the year, May, 1917, as 104.

At 7:30 p. m. meeting reopened with Pres. Munk in the chair. Dr. H. V. Brown gave a very complete report of his three years work on the Board of Medical Examiners which was heartily applauded and commended. Afterwards several matters of business were taken care of.

May 25th, the morning was spent by all the members present enjoying an automobile trip through Santa Barbara and the suburbs as guests of Dr. J. C. Bainbridge. At 2 p. m. the society was called to order again and the reading and discussion of papers continued. As a special order of business the election of officers for the ensuing year took place at 3 p. m. The following were duly elected and installed: President, Dr. H. C. Smith; 1st Vice-President, Dr. H. V. Brown; 2nd Vice-President, Dr. R. O. Hoffman; Corresponding Secretary, Dr. A. P. Baird; Recording Secretary, Dr. H. T. Cox; Treasurer, Dr. J. A. Munk. Los Angeles was chosen as the next place of meeting, on the fourth Tuesday in May, 1918.

The Committee on Resolutions made several reports.

At the evening session the reading and discussion of papers were continued and the meeting adjourned.

DR. G. H. GREENWELL, Sec.

DR. J. A. MUNK, Pres. pro tem.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Nashville, Tenn., June, 1917. Dr. W. E. Daniels, Madison, South Dakota, President; Dr. Wm. P. Best, Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets

in Los Angeles, May, 1918. H. C. Smith, M.D., Glendale, Cal., President; A. P. Baird, M.D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M.D., Los Angeles, Cal., President; F. J. West, M.D., Los Angeles, Secretary.

NEWS ITEMS

Dr. J. C. Reinsmidt has opened an office in rooms 520 and 521 Exchange Building, 3rd and Hill Sts., Los Angeles.

Died: Dr. Lewis Lee, Seabright, California, graduate of the American Medical College, St. Louis, 1888, age 60, died in Harbor Emergency Hospital, San Francisco, April 25, 1917, from cerebral hemorrhage. Dr. Lee had been a subscriber to the Journal for a number of years and formerly lived in Los Angeles.

Married: Dr. Alvin Gustave Berger and Miss Emma La-Bahn were married in Chicago May 27, 1917. Dr. Berger is well known in Los Angeles as he attended the California Eclectic Medical College until it suspended, then he took his last year at the Eclectic Medical School in Cincinnati, where he graduated in 1916. He is located in Chicago. The Journal extends congratulations.

Dr. John Buckingham, Big Pine, was in Los Angeles recently on professional business. He drove down in his automobile.

Dr. Orah Allen has opened an office at 651 Phelan Building, San Francisco. She is assisting in the Children's Clinic at the University of California Hospital and enjoying the work very much.

S. M. Atkins and Miss E. Ohnemuller, former students of the California Eclectic Medical College, will graduate from the Homeopathic Department of the California University this year.

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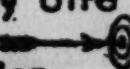
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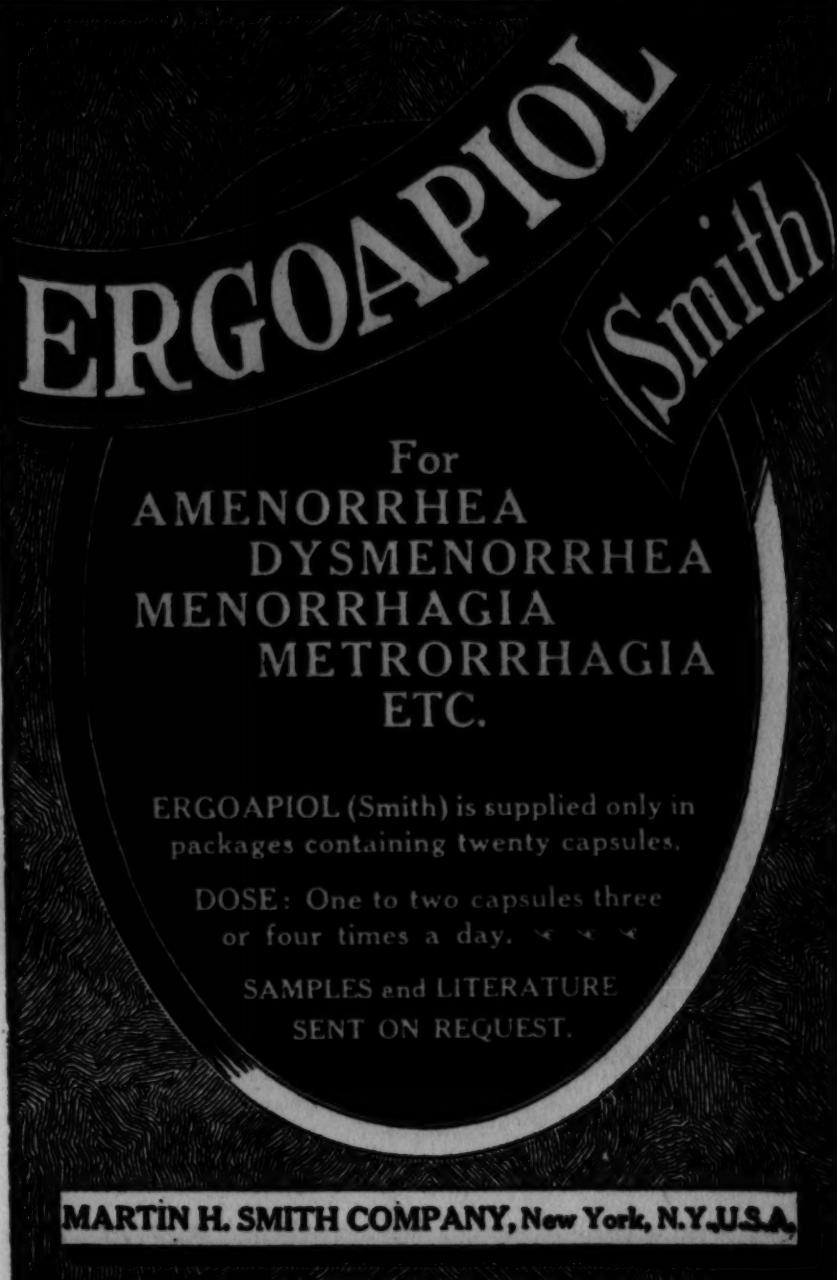
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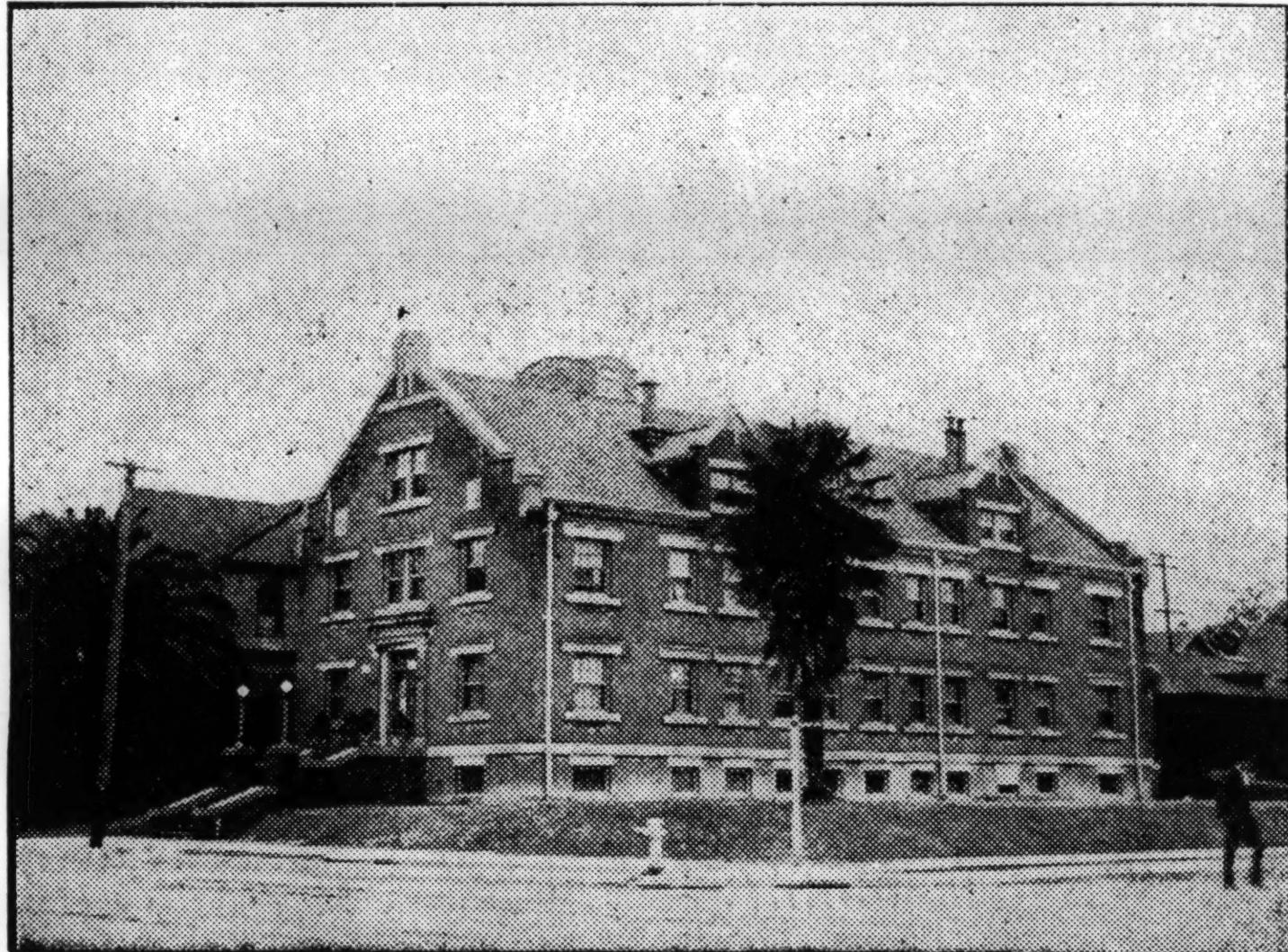
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